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## Secondhand Smoke: The Ventilation Issue

by Stan Cowan

An increasing number of people understand the danger of being exposed to secondhand smoke, the issue of ventilation has become an important point in the debate over how smoking should be addressed in public places. For hundreds of years tobacco use has been considered part of our cultural norm. It has only been since 1986 that the Surgeon General issued a landmark report that stated secondhand smoke is a cause of disease in

lung cancer as a result of exposure to secondhand smoke.

One way to reduce this preventable cause of death is by implementing smokefree policies. However, cultural change is often gradual. While many white-collar worksites have voluntarily adopted smokefree policies, many worksites in the hospitality industry still allow smoking.

Although smoking prevalence has steadily declined in the past several decades to the point that nonsmokers outnumber smokers three to one, many owners of hospitality businesses are wary of embracing smokefree policies for fear of losing smoking customers and thus suffer a loss in profit. City councils are often brought into the discussion when considering adoption of smokefree workplace ordinances.

Ventilation is a potential solution often explored. Proponents say modern technology, engineering and new materials enable ventilation systems and air purifiers to clear the air. They claim negative air pressure efficiently draws the smoke to specially designed air scrubbers or to vents directing the smoke outside,

### Two important points in the ventilation debate:

- **Ventilation systems cannot eliminate the danger posed by secondhand tobacco smoke. It is an issue about health, not just reducing odor and irritation.**
- **Secondhand smoke is a Class A carcinogen, far more dangerous than other indoor pollutants such as dust and mold.**

nonsmokers. In 1993, the Environmental Protection Agency classified secondhand smoke as a Group A Carcinogen, one of only 16 substances so classed. As such, there is no minimum safe level of exposure for these substances. Each year in the U.S. more than 35,000 nonsmokers die from heart disease and another 3,000 nonsmokers die from

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## Kummerfeld is the new Community Policy Specialist for the Central District

Kris L. Kummerfeld has joined the staff of the Missouri Tobacco Use Prevention Program as its new Community Policy Specialist for the Central District. Kris will work out of the central office in Jefferson City. His territory includes the communities of Jefferson City, Columbia and Centralia.

Kris' formal education includes a master of health administration from the University of Missouri-Columbia and a bachelor of arts in public administration from California State University-Long Beach.

He has 12 years of public health experience in a number of professional capacities, many of which addressed health care access or oral health issues of Missouri's underserved populations. His

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## Ventilation

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leaving cleansed oxygen in its wake. They maintain because of ventilation, smoking can continue without exposing nonsmokers to second-hand smoke.

But, in reality, ventilation is not a solution. There is no ventilation system in any price range that will guarantee protection from health risks caused by tobacco smoke. Manufacturers of ventilation equipment state in fine print a disclaimer that the product cannot guarantee to remove the harmful components of tobacco smoke.

At best, these systems will remove the irritants and odor of secondhand smoke and thereby increase the comfort level of the air. However, since most of the 4,000 chemicals found in secondhand smoke are odorless and non-irritating (such as carbon monoxide), the mere absence of odor or irritation is not a reliable indicator that the toxins are also absent.

The American Society for Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) is recognized nationally for its building ventilation standards. However, the standards are designed to remove carbon dioxide from a building's air, not tobacco smoke pollution. ASHRAE has worked for several years to develop ventilation standards that would remove tobacco smoke pollution, but to date have not been able to develop such a standard.

A report by health physicist James E. Repace extensively documents the known health risks of secondhand smoke such as heart disease, lung cancer and stroke – and mathematically shows that ventilation systems cannot possibly remove tobacco smoke pollution present in indoor air. Repace also documents that by the manufacturers own specifications; all these systems fail to meet even the minimal standards for both workers and patrons. His

calculations show that minimal standards would require air exchanges of 100,000 cubic feet per minute per occupant, approaching the same velocity as a tornado. (This report can be viewed at [www.dhs.ca.gov/tobacco/documents/FedOHSHAets.pdf](http://www.dhs.ca.gov/tobacco/documents/FedOHSHAets.pdf))

Groups interested in retaining policies that allow smoking have tried to minimize the issue of secondhand smoke by expanding the scope of concern to overall building indoor air quality, where secondhand smoke is only one concern among many, including mold, formaldehyde and other toxins. It should be noted, however, that secondhand smoke is a preventable source of pollution and that it harms the health of everyone exposed to it.

The solution is preventing the source of pollution — secondhand smoke. ■

## Kris Kummerfeld

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professional experience also includes 10 years of health services experience in a variety of settings, including an acute care public hospital and private ambulatory care organizations.

Kris' public career has focused on community issues. Most recently, he was a Community Support Consultant with the Community Health, Technical Assistance, Resources & Training (CHART) Program. In this capacity, Kris initiated the development, implementation and management of the new Volunteers In Service To America (VISTA) Oral Health Project. This project facilitated the creation of a new strategic partnership between the Corporation for National and Community Service, (a federal agency), the Missouri Department of Health and Senior Services and local community coalitions. In a little over a year and a half, local pilot sites participating in the project were

accomplishing the desired long term outcomes: decreased percentage of children with cavities, increased percentage of children with dental sealants (a CDC best practice intervention), and reducing the percentage of children needing emergency oral health services. His responsibility as a Community Support Consultant also included responsibility for technical assistance and consultation for community health coalitions as well as Maternal and Child Health contractors in the Northeast District.

Kris also served as coordinator of the Missouri Office of Rural Health for DHSS. The office focused on the health care needs of Missouri's rural health populations, one of the state's most underserved. The office is a vital component of rural health infrastructure and provides information, resources and technical assistance to rural communities. His responsibility as coordinator deep-

ened his understanding of the struggles and obstacles rural communities face in their attempts to address community health issues, particularly in terms of the scarcity of resources. The key, as Kris explains, is facilitating the development of community based coalitions with strong leadership, creating a vision of where they want the community to go, and establishing a mission or purpose for the coalition as they create change in their community.

Kris and his wife, Robin, recently celebrated their 24th anniversary. They have three children: Heidi (21), Andrew (19) and Emily (14). Their youngest begins the ninth grade this fall, and the two older children attend the University of Missouri-Columbia. Their eldest daughter's husband is on active duty in Iraq.

Kris can be contacted by phone at (573) 522-2834, or by e-mail at [Kris.Kummerfeld@dhss.mo.gov](mailto:Kris.Kummerfeld@dhss.mo.gov) ■

## Public Health carries the day in Arnold

The city of Arnold, in Jefferson County just south of St. Louis, started the new year with what the St. Louis Post-Dispatch calls, "the toughest smoking restriction in the St. Louis area." And according to Dave Venable, the city councilman who sponsored the legislation, it's too early to make a definitive analysis about the impact of the new law, but things are going okay for now.

That is exactly what Venable expected to have happen as a result of his research into similar measures in other cities across the country.

Venable says he expects Arnold to experience what has happened in other parts of the country. "More than 70 percent of our community is nonsmoking," he said, "those people will turn out more when they don't have to be around smoking."

The Arnold ordinance took effect on Nov. 1. It bans smoking

in restaurants and bars that derive less than 70 percent of their sales from alcohol. Those who smoke illegally could face a fine of up to \$250.

In the early going, the Arnold ordinance faced stiff opposition from a few local restaurant owners and from the Missouri Restaurant Association. They lobbied the Arnold city council demanding that the smokefree ordinance be put to a public vote.

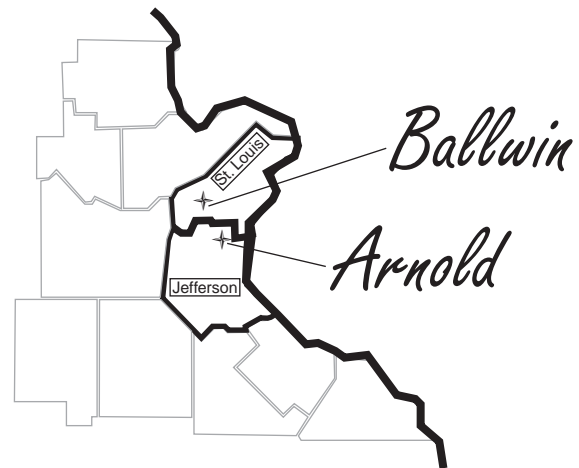
But Councilman Venable said, "Usually I think it's a good thing to put just about everything on the ballot and let the people decide. But I don't believe following the Americans with Disabilities Act is something that needs to be put before the voters." Venable had earlier said the issue was one of health and protection for people who suffered from asthma who could be harmed by exposure to secondhand smoke.

Yielding to pressure from some of the restaurant owners, an amendment was made to allow separately

ventilated smoking areas. But application for construction of such areas was to be submitted by Dec. 31, and the restaurants must be smokefree until construction is completed.

Only two restaurants had qualified for exemptions for separately ventilated dining areas. At one of the two, the city health department has received complaints of improper ventilation, which the restaurant remedied by fixing a faulty air conditioning unit.

Otherwise, Councilman Venable says most of the comments he has received have been positive. All positive input notwithstanding, the Arnold city council knows it will continue to remind the public why their decision was in the best interest of the community. ■



## Ballwin smokefree workplace ordinance passes, exempts bars for one year

Ballwin became the second St. Louis-area city to promote clean indoor air in public places when, on Jan. 10, city aldermen approved, by a 5-3 vote, the Ballwin Clean Air Act. The act bans smoking in all indoor and some outdoor public venues. The measure is to take effect 60 days from passage for most businesses, but extends the effective date until Jan. 2, 2006 for bars and restaurants licensed to serve alcoholic beverages

by the drink that were in business on or before Dec. 2, 2004.

Ballwin City Alderman Charles Gatton had counted the votes correctly when he predicted approval of the ordinance. He was hoping the bar and restaurant extension would carry the day, and he was correct. Gatton said that some business owners bitterly fought the Clean Air Act, believing they would lose customers.

"In talking with some owners," Gatton said, "I have found that they refuse to believe anything to the contrary, no matter what information is provided—kind of, 'Don't confuse me with facts and

studies; I can't believe it because a couple of my customers told me they won't be back.'"

Ballwin mayor Robert E. Jones, Jr., told the St. Louis Post Dispatch that he intended to discuss the matter with mayors of surrounding cities. "I'm hopeful the other communities will debate this issue and decide among themselves to participate," he said. "I think that will happen." Jones also said he did not see the smoking ban causing a major tax loss. ■